DISCLOSURE SUMMARY PAGE

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FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Taylor County Republican Central Committee IMPORTANT: Indicate by 8 Upser of committee you are reporting for [4]	- IOOLOGICE COMMANT PA			DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: 4 (1) Statewisde.Registative/Mulday Standing for Research Candidate (2) State PAC (3) State Pac (4) County Candidate (5) County Pac (6) City Candidate (7) (5) School Board of Other Political Subdivision Candidate (8) County Pac (9) City PAC (10) School Board of Other Political Subdivision Pac (11) Local Early Institute Institute Candidate Name Political Party (if applicable) Office Sought District (if Senate or House) Di	COMMITTEE NAME (Must be same as on Statement of Organiz	ration)		i	
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(1) JistawideLegislatividudge Standing for Reamsion Candidate (2) State PAC (3) State PAC (4) County Candidate (6) (5) Pot Candidate (7) Shoteol Board or Other Political Subdivision Candidate (6) (5) Pot Candidate (7) Shoteol Board or Other Political Subdivision Candidate (6) (5) Pot Candidate (7) Shoteol Board or Other Political Subdivision Candidate (6) (5) Pot Political Party (fi applicable) Office Sought Office Sought District (if Senate or House) Distr	IMPORTANT: Indicate by # type of committee you are reporting for	E A The most to	2	Comm. #	
Candidate Name Computer Candidate Name Candidate Candid	(1) Statewide/Legislative/Judge Standing for Retention Candidate	/ 2 \State DAC / 2 \State Dark			
Audited	relition Subdivision Candidate (8) County PAC (9) City PAC (1	ididate (7)School Board or Other		1	
Candidate Name Political Party (if applicable) Office Sought District (if Senate or House) File with: Disclosure Board 510E 12°, Ste. 1A Des Moines, bows 5019 Fax: 515-281-3701 Fax: 51	OGDOTY STOTE AC ()) LOCAL DATION (ISSUE	To year of Dulier Politics	"	i .	
Office Sought Office Sought District (if Senate or House) Date Minimal (if Indianal Senate) Date Since Indianal (Indianal Senate) District (if Senate or House) Date Minimal (if Indianal Senate) District (if Senate or House) Date Minimal (if Indianal Senate) Dought (if Indian				Audited	
Office Sought District (if Senate or House) District (if Sen	Caroloate Name	Political Party (if applicable)			Campaign
TELEPHONE AM FILING A CROCKET AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. CYOU must continue to file reports until a DR-3 is filed.) Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. COUNTY & Local Committees, enter County in which Election is held STATEMENT OF CASH ON HAND ASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) STATEMENT OF CASH ON HAND ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule F). Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below). Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below). Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below). Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below). Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below). Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below). Schedule B: Committee to Attach Schedule B) (**also see debts and loans below). Schedule B: Committee to Attach Schedule B) (**also see debts and loans below). Schedule B: Committee to Attach Schedule B) (**also see debts and loans below). SCHEDULE SCH			_	Disclosure Board 510 E. 12 th , Ste. Des Moines, Iow	d 1A na 50319
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AM FILING A (report date) (report		_ 712-585-3	3256	_b_	ven VSI
Check F AMENDMENT TO REPORT DATED Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held	IGNATURE OF PERSON FILING REPORT	TELEPHONE	 -	DATE SK	ENED S
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OUTSTANDING LOANS (From Schedule F - Attach Schedule F)					<u>~</u>
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For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	. —	CK THIS BOX IF NDING FORM
Taylor County Republican Central Committee		

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

5.4==	546454	1			
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2/23/ 2007	ID# CK#	Karl T Gilbertson 1609 Rainbaidrive Cedar FAlls Jours 5068		\$ 25,999	
Jan3,08	ID# CK#	uniternized courses buck		Sido, 50	
Jan 10/08	ID# CK#	uniterized caucasbuck bag contributions	١	///6′∞	
	ID# CK#				
	ID# CK#				
	ID# CK#	_			
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	ID# CK#				
	<u> </u>		SUB-TOTAL	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this schedule)

73.50
33.3
10000

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

	CANDIDATE	NAME AND ADDRESS TO WILLIAM		
DATE	ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT
EXPENDED	(if applicable)	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
(MM/DD/YR)	AND PAC CHECK			
	NUMBER			
Mari	ID#	TIOIT		FOC 00
7/20/	OK#	1Aylor County TAIN	- 1	35,00
2007	CK#	Taylor County Fair Board Bedford Times Press	Fairbooth Caucas ads	\$
	ID#	DIOIT		
1/03/	_	Bedford limestress	Courses	
20007	CK#		Compres Carris	49,50
<i>300</i> /	ID#			
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			SUB-TOTAL	\$
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THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY	LY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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TOTAL (if last page of this schedule)